Neutral Citation Number: [2023] EWFC 146 (B)

Case No: ZW22C50234

IN THE FAMILY COURT AT WEST LONDON

Gloucester House,
4 Dukes Green Avenue
Feltham, TW14 0LR

Date: 30 August 2023

Before :

HIS HONOUR JUDGE WILLANS

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Between :

The London Borough of Richmond — **Applicant**

- and –

(1) [The Mother] — **Respondents**
(2) [The Father]
(3) [The Child] (by his Children's Guardian)
(4) [The Paternal Grandmother (PGM)]

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Chris Mitropoulos (instructed by **SLLP Law**) for the **Applicant**
Samuel Marks (instructed by **Simpson Millar Solicitors**) for the **First Respondent**
Rob Littlewood (instructed by **ITN Solicitors**) for the **Second Respondent**
Mark Rawcliffe (instructed by **Duncan Lewis Solicitors**) for the **Third Respondent**
Laura Williams (instructed by **GT Stewart Solicitors**) for the **Fourth Respondent**

Hearing dates: 31 July, 1-3 and 30 August 2023 (handing down)

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JUDGMENT

His Honour Judge Willans:

To preserve anonymity the names of the participants have been replaced with labels. No discourtesy is intended

Introduction

1. This case is focused on the welfare of [the Child] throughout his life. The applicant local authority argue that his family cannot meet his needs to a good enough standard and that he must sadly be separated from them under care and placement orders which plan a future adoption. His family do not agree with this suggestion. His mother, [the Mother], argues that she can care for him whether immediately or possibly following a further process of updated assessment. His father, [the Father], accepts that he is not placed to care for [the Child] within his timescales but wants to remain part of his life and supports either [the Mother] or his own mother as carers for [the Child]. [the PGM] is [the Father]'s mother. She would support [the Mother] to be the main carer for [the Child] but would offer herself as an alternative special guardian if this were not possible. [the Child]'s guardian has reached the conclusion that [the Child]'s needs can only be met in the manner suggested by the applicant. She supports the application for care and placement orders.

2. Whilst this case inevitably involves an assessment of [the Mother], [the Father] and [the PGM] as to whether they have the ability to meet [the Child]'s needs there is no doubt that they, along with other family members, who I have both heard from and about, very much hold [the Child] dear to their hearts. They love him very much and want the very best for him. I have found them to be entirely genuine in their motivations and their desire to keep him within his family. At no point in my assessment did I doubt this to be the case. I was very impressed by their commitment to him and the manner in which they engaged with, what must have been a very challenging final hearing, given their respective histories and the issues which were being considered. They were throughout polite and courteous to all and in their evidence demonstrated the love and commitment I have referred to above. That they could maintain this level of composure and engagement in such circumstances was a real credit to each of them.

3. It is also important for me to acknowledge the skill and care brought to the case by each of the respective advocates. The family members should be assured that their cases were put in a thorough and comprehensive manner and that all relevant points were raised before me.

Overview of final hearing

4. The proceedings commenced on 1 July 2022 only days after [the Child] was born. It is therefore now more than a year since the case commenced.

5. The final hearing was entirely attended in form and [the Mother] was supported throughout by an intermediary with related participation directions agreed at the PTR. I heard evidence from the allocated social worker, an independent social worker who assessed both [the Mother] and [the Father] and from a special guardianship assessor who carried out the assessment of [the PGM]. I also heard evidence from [the Mother], [the Father] and [the PGM] and also from [the MGM] who is [the Mother]'s mother. Lastly, I heard from [the Child]'s guardian. I also received final submissions from counsel for each of the parties. The case was always listed on the basis that judgment would have to be reserved (I sense to avoid delay in finding a listing which could additionally accommodate the same) and this is my judgment. In addition to the above I have also had regard to the documents contained within the final hearing bundle and to some additional but limited documents relied upon by the parties but not found within the bundle. The bundle is over 2000 pages in length. I will not be referring to every document placed before me or every piece of evidence given to me within this judgment. Rather I will highlight the key evidence that has led me to the conclusions I have reached. I have though born in mind all of the evidence in reaching my conclusions. I do not intend to weigh this judgment down with a detailed account of the proceedings. I will refer to aspects of this in my background summary below. However, I bear in mind those documents found within section B of the bundle.

Background to this case

6. [the Mother] had a very difficult childhood as detailed by her to the ISW. Her parents separated when she was aged three and post separation both her father and brother sexually abused her. Her home life with her mother was 'chaotic with lots of drama' and her mother appears not to have been physically and emotionally available as might be expected. [the Mother] describes a feeling of not being loved as a child. It appears her father had his own issues with drink and/or drugs and was sexually abusive both to [the Mother] and to the brother referenced above. The sexual abuse continued from age 5/6 through to age 13 when her mother had a breakdown and [the Mother] was placed into care. She remained in care until 18 although there were periods of absconding. After being removed [the Mother] experienced some improvement in her relationship with her mother but this has been quite variable with significant periods of further breakdown in the relationship.

7. [the Mother] has used cannabis since she was aged about 16 and has relied upon this to manage her emotions. She was still using cannabis at the time of [the Child]'s birth and there are various hair strand test results within the papers. She now claims

to be abstinent although this is a relatively new development within the last month or so. [the Mother] records drinking alcohol on a daily basis between 16 and 19 at a relatively high level. [the Mother] accepts she has poor mental health and fundamentally accepts the report of Dr Shaun Parsons in which he concludes [the Mother] has a number of significant personality difficulties with emotionally unstable and impulsive sensation-seeking personality traits. Alongside this she shows a severely insecure adult attachment style with elements of both anxious avoidant and anxious dependent attachments structures. At initial assessment he noted [the Mother] was experiencing a period of relative stability within a residential unit (the Orchards) but he was concerned that once in an uncontrolled environment she would like return to being a highly emotionally inconsistent parent preoccupied with the high levels of emotional distress and loneliness that she feels. The expert was concerned that [the Mother]'s had a tendency to prioritise a relationship with a partner over the need to be self-protective as to her own welfare or that of a child in her care and that this might create additional risks into the future. His conclusions flowing from this was that she posed a significant risk of neglect and emotional harm to a child in her care and a further risk of significant harm by exposing a child to and failing to protect a child from a risky partner. He recommended as essential a process of therapy with a focus on addressing child-based trauma. This would include both CBT and EMDR (Eye Movement Desensitisation and Reprocessing Therapy). In follow up questions he expressed the view that this work might be capable of being undertaken whilst caring for [the Child] and whilst in a structured and controlled environment such as the Orchards. However, it would be a concern for the work to commence in the community whilst caring for [the Child] as there would be a risk of emotional harm to him as the mother was seeking to engage with the stress of the therapy. There was also the additional risk of poor engagement with the therapy were this to be the case.

8. [the Father] also experienced a troubled childhood and detailed having no memories from before the age of about 7. As detailed to the ISW his childhood involved physical abuse at the hands of his father and a sense of not being afforded the same affection as given to his sister. He recounted significant emotional dysregulation through childhood which involved screaming and having to be restrained. His anger increased as he progressed into his teenage years with uncontrollable outbursts and occasions when he would forget what had happened. He would break things and fought with his siblings and on occasion hit his mother. He left home aged 22 but has shown a tendency to rebound to the family home on a regular basis. During these proceedings he has both left and returned to live with his mother and siblings. [the Father] reporting regular drinking from age 13 to about 17 at a high level. He has smoked cannabis since age 13/14 although he has recently reduced the level of

consumption. He can recognise that his anger and anxiety improve when he reduces his consumption.

9. Dr Parsons also met with [the Father]. He noted there had been improvements in [the Father]'s emotional regulation and attention with consequent reduction in impulsivity. However, he continued to have significant unstable personality traits and remained vulnerable to acting in ways that are damaging both to himself and others without considering the potential for such harm. When stressed or tired he continued to be at risk of emotional dysregulation which may be associated with verbal aggression and acting out behaviours. He will find it difficult to maintain stable close interpersonal relationships. He is likely to remain an inconsistent parent due to these characteristics but there have been improvements in this regard. He is at moderate/high risk of engaging in verbal aggression and potentially abusive behaviour with the obvious emotional/physical risks for any child in his care. He would benefit from CBT type work although given his improvements he would not likely access full therapy.

10. It was in this context that the parents have come to form their own interpersonal relationships. They met when [the Mother] was 17 and [the Father] 22. They have separated and reconciled on a number of occasions with both agreeing the final separation was just before [the Child]'s birth. [the Mother] described there being physical abuse in the relationship and being hit and pushed around and hit to the stomach when pregnant. She made police reports but then would not support the allegation or withdrew the same. During a break in their relationship [the Mother] formed a separate relationships with X and later Y. Both seemed nice at first but eventually both relationships came to have elements of abuse with [the Mother] being slapped. Later when she reconciled with [the Father], he exhibited jealousy and anger. [the Father] has a child from a previous relationship but does not have contact with this child who lives with its maternal grandparents under a special guardianship order. [the Father] agrees there was elements of domestic abuse in his relationship with [the Mother] with things being thrown and on occasion he slapped her and pushed her onto a sofa. He recounts that [the Mother] has cheated on him on a number of occasions and he accepts there have been verbal and physical arguments although this was reciprocal in nature. He was paranoid about [the Mother] cheating on him. After separating from [the Mother], he formed a relationship with one of her friends but this was equally problematic as she flirted with other men and cheated on him.

11. In 2017 [the Mother] fell pregnant with [the Father]'s child. [the older sibling] was born in late 2017. Care proceedings were commenced and following a negative parenting assessment (at the Orchards) final care and placement orders were made.

[the older sibling] has since been adopted. It can be seen the issues for the parents are long standing and to an extent somewhat entrenched and comprise:

[i] Significant mental health and personality related issues largely deriving from their childhood upbringing;

[ii] Longstanding abuse of drugs

[iii] Problematic close interpersonal relationships including domestic abuse.

This leaves a child in their care vulnerable to inconsistent parenting and risk of significant emotional and/or physical harm. It is essential for [the Mother] to receive therapy to address these deep-seated issues but the prognosis for the same is uncertain as are the timelines for the same. In the case of [the Father], the position is somewhat more positive as he has made some progress but he would still benefit from therapeutic skills. Within the proceedings both parents provided hair strands for testing. [the Mother] provided samples for December 2021 to June 2022, July to October 2022, January 2023 to March 2023 and April 2023 to June 2023 (all of which were positive for cannabis save mid-July/August 2022). [the Father] provided samples for June 2022 to August 2022; January 2023 to March 2023 and mid-March 2023 to mid-June 2023 (all of which were positive for cannabis).

Legal Principles

12. The founding principle is that [the Child]'s welfare is my paramount consideration. Given the issues in the case I am obliged to reflect on this throughout his life and my reference checklist should be section 1(4) Adoption and Children Act 2002.

13. I will only be empowered to make the orders sought if the applicant could establish the crossing of the legal threshold found in Section 31 Children Act 1989. This requires proof that the child has suffered significant harm or is likely to suffer significant harm attributable to the care likely to be given to him if the order is not made. The proof of any matters in dispute is on the balance of probabilities and it is the responsibility of the applicant to prove such matters.

14. The crossing of the threshold is no more than a prelude to making the orders sought. It is a step that empowers the Court but does not mandate the making of final care orders. If the threshold is found to be crossed then the Court must carry out a qualitative assessment of the all the evidence. This assessment should reflect the broad canvas of evidence before the Court.

15. Ultimately the Court does not expect perfection from parents. Rather it asks whether the parents (or alternative carer) can provide 'good enough care' for the child. This concept is somewhat elastic in covering a range of children with differing needs. It is

wrong to think in terms of some children requiring more than good enough parenting. Rather this reflects the fact that an individual child may require parenting with additional attributes and skills – but this will be good enough parenting for that child. The Court must further accept different standards of parenting to include a range of approaches. There is no role for the court to seek to socially engineer family life and it must be willing to tolerate 'very diverse standards of parenting, including the eccentric, the barely adequate and the inconsistent'. Ultimately the Court is restricted to intervening only where significant harm is established, where the welfare of the child supports the outcome and where the outcome reached is a proportionate response to the circumstances found.

16. In considering whether parents can provide good enough care regard must be had to forms of support that might be available or which should be offered and which might fill the perceived deficits in care otherwise arising. This needs to be particularly borne in mind in cases in which a parent is impacted upon by a disability (physical or otherwise) which may impact on parenting but which may be capable of being addressed and ameliorated by appropriate support.

17. The notion of a proportionality assessment derives from the application of article 8 EHCR. This principle restricts state intervention only where necessary and limits the intervention to only that which is reasonable and proportionate in the circumstances found. The impact of these principles is that court must consider whether in the circumstances of the case there might be a different form of intervention that would be less interventionist in the family life of the parties whilst still meeting the identified risks of the case. Plainly it would be disproportionate to intervene beyond the level required to meet the perceived harm. It would also be wrong to consider a plan of placing for adoption simply because it was felt adoptive parents might provide the child with a better standard of life. This would offend against the 'good enough parenting' test and the parents right to respect for their private family life.

18. In this case I am additionally asked to consider the making of a placement order with a plan for adoption. This is the most draconian of plans in severing family life with lifelong implications. This requires a particularly high level of justification which has been encapsulated in the notion that such a decision can only be reached 'if nothing else will do'. Consequently, the court must identify the realistic options and subject each of them to a full assessment identifying both the positives and the negatives of each option. The options must be further weighed against each other in a holistic fashion to ensure the Court does not reach a 'last man standing' conclusion by assessing and rejecting each option in turn and without any cross comparison. The danger is that the final option may be accepted without the robust analysis applied to the earlier options. The notion of nothing else will do is succinctly summarised by Ryder LJ[1] as involving:

[1] *CM v Blackburn with Darwin Council* [2014] EWCA Civ 1479

> *a process of deductive reasoning. It does not require there to be no other realistic option on the table, even less so no other option or that there is only one possible course for the child. It is not a standard of proof. It is a description of the conclusion of a process of deductive reasoning within which there has been a careful consideration of each of the realistic options that are available on the facts so that there is no other comparable option that will meet the best interests of the child.*

19. At the end of its assessment the court may be minded to make a placement order which the parents are wholly opposed to. In such circumstances the court can only make the order after having dispensed with their consent to the same. But it can only do so if the welfare of the child requires the court to dispense with such consent.

Key events during the proceedings

20. I will set out the experience of the main participants through the stages of the proceedings.

21. Following the birth of [the Child], [the Mother] moved with him into the Orchards residential unit. The unit carried out an assessment between July and October 2022. The assessment was broadly positive and recommended a step down into the community and further assessment in that context. [the Mother] then moved with [the Child] into Serenity House on a semi-independent living basis in October 2022. Unfortunately, [the Mother]'s care of [the Child] was felt to deteriorate during this period and in January 2023 [the Mother] left the unit indicating she could not care for [the Child]. At a hearing in early February 2023 the Court sanctioned separation of [the Mother] and [the Child]. During the proceedings [the Mother] has provided hair samples for testing and met with Dr Parsons. Whilst in Serenity House she was assessed by the ISW. This assessment reached a negative conclusion reflective of the deteriorating care being provided to [the Child] at this time. In February 2023 [the Mother] commenced CBT therapy with a therapist. These sessions continue at the date of final hearing and have been extended for a further tranche of sessions. Subject to funding considerations it is intended they will be followed by the EMDR sessions recommended by Dr Parsons.

22. At the outset of the proceedings [the Father] was confirmed as [the Child]'s father by DNA testing. He has also provided hair samples for testing. His initial position was that he was not putting himself forward but was supportive of [the Mother] or [the PGM]. Later he asked to be assessed in his own right. The assessment was undertaken by the same ISW who assessed [the Mother]. This reached a negative conclusion as to his ability to care for [the Child]. [the Father] also met with Dr Parsons.

23. [the PGM] was put forward to care for [the Child] by her son on a default basis (if [the Mother] was ruled out). It appears this request proceeded directly to a full assessment which was carried out by the special guardianship assessor. There were some relatively significant delays in this being completed but its end conclusion was not to recommend [the PGM] as a special guardian for [the Child]. [the PGM] sought to challenge this decision and was joined as a party to the proceedings to make her case.

The parties positions

24. [the Mother] has made an application for a further parenting assessment to reflect what she would say are substantial changes since the last assessment to include improvements in self-reflection through engagement in therapy, abstinence from cannabis and an improving relationship with [the MGM] and a thus improved support network. She also seeks an updating psychological assessment to bring into consideration the impact of her engagement with therapeutic support. She asks for final decisions to be adjourned pending these further assessments. If the Court were to refuse further assessments, then she would argue for [the Child] to be placed into her care immediately with such appropriate support as was deemed necessary.

25. [the Father] does not put himself forward as a carer for [the Child] but is supportive of the positions taken by [the Mother] and [the PGM]. All things being equal he would favour [the Child] being placed with [the Mother].

26. [the PGM] puts herself forward as a carer for [the Child] in default of [the Mother] being able to provide such care. She has applied for a further ISW special guardianship assessment on the basis of perceived deficiencies in the original assessment. She therefore seeks an adjournment of the proceedings for this to be undertaken.

27. [the PGM]'s assessment is proposed to take 8-11 weeks. A combination of [the Mother]'s assessments are said to require some 6-10 weeks. Allowing for reflection upon the same, an updating ADM decision and updated final evidence these would likely cause a delay to the proceedings of about 5 months (assuming an effective IRH took place or final hearing could be listed within about 2 weeks of the final evidence). The proceedings are currently in about week 58.

28. Both the applicant and the guardian oppose the applications for adjournment and argue the Court has all the information it requires. The applicant, supported by the guardian, seeks a care and placement order with a plan for adoption.

The relevant evidence

29. I will seek to identify the key components of the evidence in this section.

Social worker

30. The social worker felt [the Mother] still needed to engage with work which fell outside of [the Child]'s timescales. She had engaged well so far but there was still much to do. [the MGM] had made clear she was not offering to care for [the Child] but only to support [the Mother]. Any delay in the family group conference related to a delay in requesting the same. She confirmed [the older sibling]'s adoptive family were not putting themselves forward as possible carers for [the Child].

31. She accepted there were gaps in the work when she took over the case. An example being steps to obtain an advocate for [the Mother]. She accepted the therapy started 6 months after its recommendation by Dr Parsons and agreed if it had started earlier then we would have a clearer picture now. She agreed there were positives in contact but noted this was within a controlled environment noting the deterioration experienced at Serenity House. She didn't agree there was a need or benefit to further assessment of the mother as there were outstanding matters which required more to be done (cannabis use and mental health were noted). [the Mother]'s mental health issues are long standing and cannabis use is poorly associated with the same. The therapy is critical for the long term but this was not within the child's timescales. The real issue is sustainability once change has been established.

32. She felt [the MGM] had been properly assessed as a supporter as part of the process. She acknowledged her evidence had not been structured in a *Re B-S* analysis format but felt aspects of the same could be found within the detail of the statement/care plan. She expressed some wariness as to the suggestion of post-adoption direct contact given the potential for instability and possible impact on [the Child]'s ability to create firm and new attachments but agreed this should be kept under review.

33. She expressed some positive views as to the father. He had been polite at all times and appeared to have awareness and understanding of the issues and was not brushing the same 'under the carpet'. She acknowledged he was showing awareness as to what he needed to so. She was asked about him being willing to leave [the PGM]'s home but expressed some caution in this regard given his previous rebounding to the property and the dynamic of the family relationships.

34. On behalf of [the PGM], she was asked as to the ability of [the PGM] to be aware of her son's issues without sight of Dr Parsons report. She felt [the PGM] should have broad awareness of his challenges from the years she had spent living with him. She agreed there may have been benefit in a separate paternal Family Group

Conference. Whilst she had not provided a full account of why [the PGM]'s case was not supported by the applicant; this could be found in the applicant's special guardianship assessment on which she had relied. Following the addendum report she had visited [the PGM]'s home. There had been a slight improvement in clutter but matters remained concerning.

35. Questioned by the guardian she agreed there would be funding for EMDR if the CBT was completed positively. She accepted Dr Parsons had been wary about EMDR taking place at the same time as cannabis was being used. She was concerned as to the likely timetables to show meaningful change. Her timetable was for CBT to complete and for there to be feedback and confirmation as to ongoing cannabis use. EMDR would then be considered. This would likely be measured in months. As to the issues for [the PGM] in not having the expert report she considered this was more about her lived experience with her son and how this informed her. She felt there was a level of dependence of [the Father] on his mother.

The ISW

36. Her negative assessment of the parents had not changed. It was still early days for the mother. Whilst there was evidence of positive engagement there was also long standing poor mental health and trauma which was only just starting to be addressed. Change had to be established and sustained to give appropriate confidence. This was not about basic caring skills but about the impact on [the Mother] when her mental health deteriorates. The improved relationship with [the MGM] was noted but this was comparatively early days in that regard. At the time of the assessment the relationship was 'rocky' and she was avoiding her mother. At that time, she had relapsed and was using cannabis again. She had re-established a relationship with a friend who was felt to pose risks to [the Mother]. The realistic timelines if a decision was not made now would likely be years not months and would be under a care order with uncertainty as to outcome. [the Mother]'s mental health has been seen to improve in a nurturing environment. But it has also been seen to rapidly deteriorate when [the Mother] was subjected to a more independent environment. Matters might be different if we were at the end of the therapeutic journey with a period of sustained stability but that was not where we are.

37. The relationship with [the MGM] is difficult as [the Mother] appears embarrassed and this is a long-standing issue. [the Child] needs for his next move to be a permanent one. [the Mother]'s proposal does not provide the necessary confidence. [the MGM] was quite clear she could not be a carer due to her own needs. It was unclear she would be able to manage the needs of [the Mother], [the Child] at the same time as the intrusion of the applicant. She has struggled with her own poor mental health.

38. Answering questions from [the Mother] she maintained the view it was too early to reach a positive conclusion. The engagement with therapy was a positive indicator but was too early for concluded views. There were still a number of sessions of CBT followed by EMDR. This suggested a further 6/7 months of work before one would be considering a further assessment. Allowing for this and further evidence one would be delaying matters for a year. This was not about a parenting assessment as basic care is not really in issue. It would be more about a psychological update in the light of sustained change post therapy.

39. Her concerns as to domestic abuse had not disappeared although she accepted there had been no recent police call outs or reports. This was not just about the relationship with the father given the mother's history of abusive relationships.

40. She was questioned as to a perceived failure in the assessment of [the Mother]'s support network. She explained the reality was that this was about [the Mother] being a carer with support. But this required [the Mother] to be able to meet these caring needs first and this groundwork was not in place. Her approach to family support had to be understood in this context. The situation was still on the bottom rung of the ladder and needed to be higher before support could be effective in keeping the care stable. Her assessment was that [the Mother] could not care safely and appropriately at this time and no support would make up for this. At the time of the assessment [the Mother] and [the MGM] were hardly speaking. Whilst [the MGM] could offer protection by raising concerns she could not protect against the deterioration in mental health or the implications were [the Child] to be returned and then removed again.

41. She agreed there had been no issues with [the Father] and he had been fully co-operative. He had tried his best but appeared to be having an inner argument as to what was best. There was significant questioning as to her impression as to the extent [the Father] was able to take on advice In contact, The ISW explained her views derived from the contact worker with whom she spoke and that there was some support for this in the notes.

42. Questioned on behalf of the guardian she made clear her assessment reflected the combination of information from the Orchards and Serenity House understood in the light of the advice of Dr Parsons. She noted [the Mother]'s developing communications with a young person in care during the placement as a concern. [the Mother] needed to show she could live independently and not resort to inappropriate coping strategies or return to negative relationships. There needed to be a demonstrated maintenance of stability. Cannabis abstinence needed to be evidenced over a sustained period. Ultimately [the Mother] was not able to do it when care stepped down at Serenity House and as a result care at a 24/7 level had

to be reinstated. She felt [the Father] appeared to be significantly dependent on his mother. He had been unable to leave home for sustained periods and there appeared to be an emotional dependence. The father is aged 30 but appears to still depend on his mother.

The Special Guardianship Assessor

43. The assessor confirmed her assessment of [the PGM] was unchanged. She had viewed updating photographs of the property taken by [the PGM] and had recently visited the property. There had been improvements but issues remained. In fact, it had taken some effort to meet with [the PGM] leading to the delay in providing the report. In discussion with [the PGM], she had appeared to have limited recollection of historic events and it appeared she had chosen not to remember the difficult times including events in which she had been assaulted by [the Father]. At the time of the assessment [the PGM], [the Father] and his adult brother (aged 41) and sister (aged 31) were both living in the 2-bedroom property. The sister was willing to provide some support if living at the property but she was not willing to take responsibility if anything happened. There were delays in obtaining the necessary information for DBS checks.

44. [the PGM]'s relationship with [the Father] appeared to be very close. The assessor was concerned as to how [the PGM] would appropriately prioritise [the Child]'s needs, if in her care, over those of [the Father]. She was worried [the PGM] was minimising her son's role in the domestic abuse in the relationship he shared with [the Mother]. When asked as to why she had not viewed a contact session involving [the PGM] and [the Father] she was unclear as to how this would be relevant given his stated case was to leave the property and given subsequent contact would be supervised. The assessor felt [the PGM] would struggle to manage contact between [the Child] and his father. She felt it likely that even if contact was to proceed in a contact centre that additional illicit contact would likely happen within the family home. The sense she had was that [the PGM] was offering her assistance until [the Mother] was ready to take over.

45. Questioned on behalf of [the PGM] she explained her assessment was that [the PGM] was overly confident as to [the Father]'s abilities and was worried she might come to leave [the Child] alone with her son. She explained her views derived from working with [the PGM] for a year. [the Father] had made progress in a controlled centre but it was likely contact would happen outside of a centre. She indicated [the PGM] had described the issues between the parents as 'ups and down's' rather than the significant incidents they had been. It was important that she recognised [the Father]'s behaviour was associated with his own upbringing. This indicated some reflection. This had caused some disagreement between [the PGM] and the assessor

and this led to [the PGM] stating that things would be fine and putting the same down in writing. She disputed there had been delays in informing [the PGM] as to the importance of seeking legal advice. She had provided this information to [the PGM] on 17 March 2023. She was concerned as to split loyalties. [the PGM] is a focal point of the family and her adult children turn to her when they are in difficulty. When things went wrong for [the Father] in Croydon, she had him return to her property. Her older son was staying in the property following a split from her partner. Her daughter who was in her 30's was also living there. It was said [the Father] would move out but this had happened before only for him to return. It concerned the assessor as to [the PGM]'s ability to recall significant incidents involving [the Father]. Reference was made to an incident involving [the Father] and his sister in which she came to be hit with a fence and [the Father] was sent to prison. She could not recall these events.

46. Questioned by the guardian she made mention of a damaged door which appeared to her to have punch damage. There was a door in the hallway during her involvement which had not replaced the damaged door. In her own writing [the PGM] made clear she could not see what was wrong with [the Father] continuing to live in the home. [the PGM]'s current case had changed from what she said to the assessor. She felt there was strong loyalty within the family. In certain context this might be viewed as positive but it worried her as to [the Child]'s security and stability if he was placed into the home. She did not support a special guardianship order as this would not prioritise [the Child]'s needs. He needs to be in a permanent placement which will give him the security he needs. She opposed further assessment of [the PGM].

[the Mother]

47. She told me she was happily surprised to receive the positive assessment from the Orchards, at that time her mental health had been positive, she had lots of coping strategies and had received a good level of support. She had felt nervous going into Serenity House as she felt it was not right for her. She felt stressed and overwhelmed and there was more surveillance than support. This left her feeling like a failure. During this time her contact with her mother was reduced which left her feeling isolated.

48. She started therapy in late March 2023. She has undertaken the first tranche of 12 sessions and is into the second tranche having undertaken 2 of 12. She has been open with the therapist including as to her cannabis relapse. She feels better emotionally, physically and mentally. Her relationship with her mother has improved and there are more open discussions. She is more energetic and her improving welfare gives her a clearer understanding of [the Child]'s needs. She told me she had

moved in with her mother 6 weeks ago although this was later recalibrated to being about 4 weeks. If things deteriorated, she is confident her mother would disclose any concerns. Her mother's support would be in a normal grandmother form with some respite and practical assistance. She was no longer in any relationship with [the Father] and this finally ended before [the Child] was born. She did a DV course at the Orchards. This had given her greater insight and strategies/protective measures. She no longer accepted there was a future risk of entering risky relationships. She had stopped using cannabis about 6 weeks previously. She had not used whilst in either the Orchards or Serenity House and had relapsed after leaving. She accepted continued usage was inconsistent with proper engagement with therapy.

49. Examined by the applicant she agreed she had started using cannabis at age 16. She had stopped in the unit and engaged with a few support sessions but stopped attending when she lost [the Child]. She had smoked every day of her pregnancy but stopped when she had [the Child]. She had not found it hard to stop. She had recently told her mother that she felt she 'needed one' but she used strategies to distract herself. Discussing her therapy, she made clear she had not yet commenced work on the difficult issues surrounding trauma. She agreed this would be very difficult for her but agreed it needed to be done. The work to date had allowed her to relax. She felt she had a further 10 weeks of CBT work before commencing EMDR which she felt would likely last week's/months. She did not feel her mental health issues would get in the way and if things deteriorated, she would have the support of her mother and therapist.

50. When discussing her relationship with [the Father] she agreed there had been violence prior to her being pregnant. They would then make up and there was a pattern to their relationship. She had returned to him she felt because he accepted her flaws. She was confident as to the future as she now had strategies and knew the red flag warning signs. She was no longer looking to be in a relationship and had an improved relationship with her mother. She felt it was the therapy which had led to these changes. She felt she had a good relationship with [the PGM] and if [the Child] went to her, she would see him every week. Her main worry would be of [the Father]'s involvement in the home. She thought [the PGM] would keep to any agreement but didn't feel [the Father] was a danger. She found it hard to say whether [the Father] would ignore his mother but she acknowledged he does not listen when he is angry. She has seen [the PGM] stand up to [the Father].

51. She was questioned by the guardian and agreed save for the last 6 weeks she had last lived with her mother when she was a child. She disagreed to the extent any tests suggested she had been consuming cannabis when in either unit. She discussed developing an online relationship with the child in care whilst at the unit. She agreed the majority of their communications were at night which affected her sleep, left her

tired and affected her care of [the Child]. She was questioned as to a meeting held at the unit attended by the guardian at which a range of concerns were raised. She broadly agree the issues raised with her. At first, she stated she had stopped using cannabis in May 2023 but then agreed she had in fact last used cannabis on 1 July 2023. She had not used since moving in with her mother. As to therapy she had been told by the therapist that she should stop using cannabis. She did not think there was a risk of relapsing. If there was a deterioration and she became unwell then [the Child] could go to [the PGM] although her mum would be able to help out for up to a week.

[the MGM]

52. She felt the ISW should have spent more time with her. She saw her likely role as being surveillance and would inform the applicant as required. She has voiced her concerns in the past about relapse. She had spoken to the social worker about [the Mother] smelling of cannabis after leaving Serenity House. Prior to [the Child] her relationship with [the Mother] had been virtually non-existent. She had moved back into her home on around 20 June 2023. There had been a deterioration when her contact with [the Mother] was stopped when she was in Serenity House. She understood the logic of this decision which was to test [the Mother]'s independent living skills but it didn't help. Their relationship now is amazing. [the Mother] is more open and engaging. She attributed this to [the Mother]'s therapeutic journey. [the MGM] accepted she was not putting herself forward as a carer but she would be there all the time. There would also be support from her son and his partner who lived about 30 minutes away. [the MGM] had spoken of her care of [the Mother] when she was young and had undergone extensive therapy in her own right. She had seen no signs of cannabis use since [the Mother] returned in June. She felt [the Mother] could keep this up but believed she would benefit from support. She felt it was realistic to consider [the Mother] could remain abstinent but also accepted there was a realistic possibility of relapse. If this was the case then she would alert the applicant and [the Child] would go back into foster care. She accepted the therapy may become more challenging for [the Mother] and that there was a need to go backwards to go forwards. She would be there to offer support.

[the PGM]

53. She explained her eldest son had now moved out with a new partner and her daughter was planning on moving out in September. [the Father] was also planning to move out and would do so immediately if [the Child] came to live with her. He was on a waiting list. She agreed [the Father] would not be able to remain living with her due to his anger management issues. She struggled to recall specific occasions on which she had been forced to stand up to him although told me this had happened.

She considered the concerns were lower than set by the applicant. She considered the parents shared responsibility for the DV in their relationship. She agreed the house had been in a poor state as a result of the number of people sharing the property. However, she had not been able to resolve this as she was working full-time and it was late when she got home. She was willing to pursue courses but hadn't pursued these independently expecting the assessor to sort these out. She would not allow [the Father] into her house if he came to the property and would call the police. [the Child] would be traumatised if an incident occurred. He has had a number of placements and needs stability. She felt the applicant was exaggerating the risks posed by [the Father]. She agreed she had stated there were no concerns for [the Father] to live with her and [the Child] but no longer held to this view. The longest he had lived apart from her was for a year.

[the Father]

54. He told me he was still using cannabis but had reduced his usage. He understood this impacted on his care for [the Child] and improved his mental health. At this time, he has not been working much but is expecting to be in full time work soon. If [the Child] moved in with his mother than he would look for emergency accommodation. He was confident he could manage alone. He had found it difficult to find private accommodation due to his financial situation. It would be easier when he gets into work. He hoped to be out of the home by the end of the year. He agreed he had been violent to [the Mother]. This stopped when they broke up. He felt she had moved on and their only communication relates to [the Father] and is generally through [the PGM]. He denied being a direct risk to [the Child] but agreed his anger was a risk. He does continue to snap at himself but has been working at this and benefits from online group support. He agreed his anxiety impacted on his ability to work and has found it difficult to hold down work. He was working at the moment but had not gone into work for the last couple of weeks due to the court process and due to his dog passing away. He had been planning to move out since the start of the year but this had been very difficult with inconsistent wages. He was hoping to move out by the end of the year.

The guardian

55. She confirmed her recommendations were unchanged. She was concerned as to the updating information around [the Child] head banging and throwing himself. It appeared there were issues around emotional dysregulation and attachment. He was struggling to sleep. He would likely need skilled parenting.

56. She felt the Court had sufficient evidence on which to reach final conclusions. [the Mother] should be commended for her progress and engagement but what she still needs to do goes beyond [the Child]'s timescales. She has found her current therapy

relaxing but is yet to build up to more serious work. The next stage will involve issues with her father and she will need to address issues with her childhood. In her judgment one needed to see a sustained period of around 2 years to conclude the progress has been sustained.

57. [the Mother]'s time with her mother is in the early stages. The guardian had discussed the need for this to be tested in conversation in February but it only commenced around 4 weeks ago. There would be further challenges if [the Child] was also present and [the MGM] had to intervene. This might trigger the historic issues in the relationship. She was sceptical [the MGM] could provide the support suggested. She did not consider [the PGM] would be able to meet [the Child]'s needs having regard to her age and the length of care required. She was also not confident [the PGM] could manage the competing needs of [the Child] and [the Father]. She considered [the Child] required therapeutic parenting. He is a very active child and she is concerned as to the lack of back up care for [the PGM]. This is a difficult but is not a finely balanced decision.

58. She was worried about further delay for [the Child] given the fact he was building attachments in his current placement and might struggle to transition into replacement care. When questioned on behalf of [the Mother] she agreed there had been positive progress in the unit. Serenity House was a step-down assessment which was intended to assess [the Mother]'s ability to move into the community. She accepted the issues in provision of an advocate and delays in therapy but noted it was also for the parents to be proactive in securing support.

59. She agreed with the ISW in respect of the assessment of wider support. She felt the support was there to build on the core foundations not to provide support on its own. Whilst therapy could be supported by [the Mother]'s mother and brother it was clear there was no certain outcome to this process. This is a case with a multiplicity of issues including child trauma and it is known this can be very difficult with a risk of disengagement. In February the mother made it very clear she was struggling when meeting with the ISW. The current therapy is easing the mother into more difficult territory. We need confidence as to a stable placement but what we have doesn't give us this confidence. The relationship with [the MGM] was previously non-existent. This is too high risk. It could work for a limited period but then fall apart leaving us back at square one. If the current progress suggested a positive outcome within [the Child]'s timescales, then she would support this. But it sadly does not.

60. She agreed [the PGM] would have benefitted from having sight of Dr Parsons report but commented that this was not a special guardian with limited involvement with the individual. Here there had been prolonged involvement and a lived experience

with [the Father]. This would have informed her as to the issues in the case. [the PGM]'s ultimate position is that [the Father] is not a risk. The risk she identifies is as to consequences ([the Child] being removed) rather than as to causes.

Analysis

61. Later in this section I will set out my welfare/holistic analysis. Before doing that, I intend to set out a series of conclusions I have reached on the evidence which will come to be imported into my analysis.

Threshold

62. There is no material dispute in this case as to threshold. I am satisfied the threshold is crossed as pleaded by the applicant.

The timing of further assessment of [the Mother]

63. I accept the evidence of the ISW as to their being no logical justification for a further parenting assessment of [the Mother]. The key issues in this case are not about parenting per se but rather as to the stabilisation of a number of key issues which unresolved impact on parenting. Properly addressed and established on a sustained basis they would remove the need for further parenting assessment. If not established and sustained they will mean there is no purpose in a parenting assessment. This means the C2 raised by [the Mother] is now focused on the need for a further psychological assessment. I am unclear why it is proposed this be undertaken by a psychologist new to the case. In my judgment, if available and if ordered, this should be in the form of an update piece of work from Dr Parsons. There is no sense and good reason not to import a new expert Into the case. That being said I am willing to assume Dr Parsons would be available to report within a similar time frame to the other named clinicians (being around 4 weeks after a letter of instruction).

64. But I do not agree this is a process that can start immediately. To commence now and report in around 4-weeks' time would be premature. By that point [the Mother] would be little more than ½ way through her second tranche of CBT and would not have commenced EMDR. It is unclear she would have even commenced let alone engaged with the more challenging work that is planned to take place relating to trauma and domestic violence. Rather such an assessment should await the conclusion of the CBT and be timetabled no earlier than a point at which it was judged one can form a view as to the benefits that had been gained from EMDR. I do not have clarity in this regard but judge this would likely be no earlier than half way through the process and might be after the conclusion of the same. It would only be at that point that a proper assessment of progress, engagement and

prognosis/sustainability could be obtained. I do though note that even then the guidance might be of a need for evidence of a sustained period of [the Mother] successfully applying the skills and strategies learnt and evidencing settled mental health.

65. I judge it likely there would be sense in an updating hair strand test around the time of the commencement of the EMDR. This is likely to be important given that both Dr Parsons and the therapist recognise the contrary indicator nature of cannabis use and such therapy. But I see no reason as to why this should impact on the overall timetable given the potential to plan for it in advance.

66. What this suggests to me is that there are likely to be up to 22-24 weeks of work ahead of [the Mother] before an update might be obtained (about 10 weeks re CBT; 2 weeks reflection, and 12 weeks EMDR). I have allowed for a short period of reflection between the conclusion of the CBT and commencement of EMDR. Although the applicant have agreed funding of the latter in principle, they will want some update from the therapist before moving to the next stage at least. It may the therapist would recommend a short period to breath between courses. One would then have to factor in the timetable for the updating assessment which might add a further 4 weeks to this timetable and additionally updating final evidence (to include a revised ADM decision if appropriate) from all parties. My best assessment is that this would lead to the earliest date for a resolution hearing being between 30-34 weeks from today (whether this is an effective EFH at which final orders are agreed or a final hearing determining a contested case). The reality which cannot be ignored is that the adjournment application is likely to delay a final outcome in this case by about 8 months or so.

The prospects of success of the same for [the Mother]

67. This is an entirely speculative question and the best I can do is assess the evidence and reach informed conclusions accepting there will be a range of possible outcomes.

68. There are obvious positives compared to the classic application of this sort in which therapy may not yet have been obtained let alone commenced. [the Mother]'s hard work to date and the support given by the applicant means there is no question as to support being available – it has started. Secondly, [the Mother]'s engagement to date offers additional confidence as to her motivation and commitment. A court will often be hesitant as to whether an individual will in fact engage with a future piece of work. This is not the case.

69. Set against this it is only right to observe that the really tough aspects of the therapeutic process have not yet commenced. This is agreed by all. [the Mother]

spoke of the current support relaxing here. The sense is that this is preparation for the challenges ahead and involves the important building of a therapeutic relationship. But we do not know how [the Mother] will respond when the challenges of therapy increase and the issues she is asked to confront develop. [the Mother]'s circumstances are complex as described by Dr Parsons and her outcomes are not assisted by there being a multiplicity of issues requiring consideration (drug use, poor mental health, childhood trauma, sexual abuse, domestic violence). I am confident [the Mother] understands the nature of this challenge but it is such as to cause the court to be cautious in in evaluation of prospects of success. At this time, I consider the best that can be said is that there are some important seeds of optimism. [the Mother] has worked hard and built an important relationship with the therapist. She is committed and motivated and she is trying hard in respect of supporting features (her drug use and improvement in relationships). However, it will be over the next 6 months that we discover whether she can maintain such progress to a successful outcome. The true test of success may likely be in the period of a year or so after as you moves on to apply the strategies and skills she may have developed. But there is a real possibility that she will struggle and fail on the way or that she will relapse or suffer a deterioration in her mental health or other circumstances.

70. I am therefore hopeful but only cautiously optimistic. It would be foolish to attempt to apply a % assessment of success on the available current information. This would be crystal ball gazing.

Delay in commencement of therapy

71. The applicant is criticised for delaying the provision of therapy for [the Mother]. Dr Parsons recommended the same in September 2022 but this was delayed until February 2023. It is argued that but for this delay the court might be closer to the conclusion of such work and thus better placed to gauge [the Mother]'s position. There is obvious force in this contention. However, I must acknowledge that there is no obligation on the applicant to provide such therapy. Local Authority budgets are strained and it is frankly relatively rare for authorities to fund therapy during proceedings. Viewed in this way the decision to fund support and continue the same deserves credit. But one must also reflect on the duty upon parents to proactively seek support. This is of course challenging and many parents can find it very difficult to obtain such support through the NHS. Yet it was as long ago as February 2018 that Dr Parsons in previous proceedings identified the need for the work now being undertaken. There has been 5 years in which to pursue this work. Sadly, in that time [the Mother] continued her use of cannabis, maintained an abusive relationship with [the Father] and fell pregnant for a second time. This decision making was in the light

of the available evidence. There is therefore a balance of competing views to be borne in mind.

[the Mother]'s drug use

72. I am willing to accept [the Mother]'s evidence in this regard. Notwithstanding the positive drug tests to date I consider there is room for her case as to not using in the units to be a truthful one. There is plainly a difficulty in being overly forensic with such results when the same are based on periods of a month in time and apply average hair growth rates. I found [the Mother]'s evidence persuasive in this regard and the evidence of some success in the Orchards supports her contention. As to Serenity House, [the Mother] came to be under increasing observation and I am not satisfied the evidence demonstrates she was using during that time. I am also willing to accept she has recently stopped using. On the evidence this is since early July. It is a period of about a month. This is not a sufficient period to draw any firm conclusions given the long-standing dependence and her previous relapse after a sustained period of abstinence, but it is positive and she deserves credit for this. But these are early days. I am somewhat cautious as to the evidence of relative ease in stopping. The reality is that there will likely come a point when [the Mother] is significantly challenged by her surrounding circumstances and it will be at that time that her commitment to abstinence will be proven. In my assessment there would be real value to a successful test at the end of the therapeutic journey. This would provide meaningful evidence of her capacity to deal with challenging circumstances without seeking to self-sooth by using cannabis. So, I give her credit but I consider it is very early days to draw any meaningful longer-term conclusions in this regard.

[the Mother]'s relationship with [the MGM]

73. I think I will repeat much of the above. It is very positive that this relationship is progressing and is positive. [the Mother] needs and deserves a support network. However, the reconciliation is at the very earliest stages and there has been recent evidence of estrangement between the two. The therapy will undoubtedly raise issues that are bound to impact on the historic relationship between mother and daughter and there is the potential for this to become very challenging for the relationship. I hope they will find a way through this period but only time will tell. There must be the potential for the relationship to continue to experience a degree of turbulence.

Would it be sensible for [the Mother] to care for [the Child] at this time whilst she lives with her mother and completes hr therapy?

74. I find this suggestion to be surrounded by concerns. In my assessment it flies in the face of the guidance of Dr Parsons. He plainly felt one needed to approach this issue

with caution and argued for this to only happen when there was a structured, and it seems to me professional support, around [the Mother]. This advice, as with much of Dr Parsons views in this case has been shown to be correct with hindsight. One can see from Serenity House how the step-down process was too much for [the Mother] and matters quickly deteriorated. I do not see how one could safely conclude that [the Mother] would be better placed at home with her mother and caring for [the Child] whilst she entered the more challenging stages of her therapy. I consider the risks of the same are too high to consider. Living at home [the Mother] needs to be entirely focused on her own improvement. Furthermore, I do not judge the evidence supports the notion of [the MGM] being a sufficient support during this period. Whilst matters might be different coming out of therapy, what she can offer is plainly limited where [the Mother] is expected to progress her therapy, maintain abstinence and care for [the Child]. In reaching this conclusion I have regard to the evidence, which I accept, of [the Child] being a highly active child with current sleep issues and potentially requiring attuned parenting. Whilst in the process of therapy [the Mother] needs to be primarily attuned to her own needs.

[the Mother] and [the Father]'s relationship

75. I am satisfied each of the parents gave me truthful evidence in this regard. I accept they have separated and their areas of contact are limited and managed sensibly through third parties. As such at this time I do not place particular emphasis on the risks to [the Mother] arising out of the relationship. However, this is not to say all interpersonal risks have been removed. I agree that pending resolution of her therapy and trauma issues there is the potential for [the Mother] to act in a non-protective fashion by seeking relationships with risky individuals to meet her own well understood needs. I am satisfied she has made progress in this regard but as with much in this case, until she has completed this process and established sustained change, one must maintain a healthy degree of caution.

[the PGM]'s home

76. It is agreed this has been kept in a poor state. On her own evidence and despite the relevance of the issue there is still work to do. I have to say I find this to be both surprising and concerning. Whilst I appreciate the potential impact of 4 adults sharing a 2-bedroom property I must bear in mind that [the PGM] and her family were aware this home was being put forward as a future home for [the Child] and that it would come to feature in any assessment. It is therefore concerning that these four adults in the home could not jointly make efforts to create a presentable environment for assessment. Their failure to do so suggests they have each in their own ways been focused on their own needs and not on the bigger picture. It is

important to remember that these adults are not in their early 20's. The 'children' are all well into adulthood with all being in their 30's or 40's.

77. I am also wary as to [the PGM]'s confidence that the home will be emptied and available for [the Child] when needed. On her own case her daughter is looking to move out but has not yet located alternative accommodation. Her oldest son has recently moved out into a new relationship but of course was in the property because his last one failed so one has to be cautious as to what the future holds for him. [the Father] on his evidence is looking to move out by the end of the year. However, the foundations for obtaining replacement property must be seen in the light of his uncertain financial position as a result of difficulties in maintaining employment. There is a high likelihood that any property found may be temporary in nature and may be of poor quality. There is the potential for similar issues to arise as occurred in Croydon leading to his rebounding into his mother's home. Having reviewed all the evidence, I have real reservations as to how the occupation of the property will in fact be managed in time to come. There is good evidence of [the PGM] feeling emotionally committed to offering a home to all of her children as they have needed it. It is clear that whilst she has expressed an intention to require [the Father] to leave, she does not accept the risks are at the level suggested by the applicant. The reality is that this loyalty to her children has obvious positive elements to it. But this case concerns [the Child] and I am considering the potential for his needs to be prioritised. It is in this regard that this decision making has to be assessed.

Was the ISW deficient in its assessment of [the Mother]'s support network

78. I recognise the points made but on balance consider the response of the ISW was a fair response. Her essential evidence was that support was being considered but that this required as a prerequisite a certain level of concrete ability on behalf of the primary carer. Without this the support simply would not be sufficient. Unfortunately, in her assessment [the Mother] was not nearly at the point of caring for a child with support and there was therefore limited benefit in the assessment of the same. At that time [the Mother]'s key source of potential support, [the MGM], was in a highly conflicted relationship with her and it is noteworthy that [the Mother] has only returned to a working relationship with her mother in the last month or so. At that time [the Mother] had left Serenity House, her mental health had deteriorated and she had relapsed to cannabis use.

Was the assessment of [the PGM] compromised by her not having sight of Dr Parsons report?

79. It would of course have been better for [the PGM] to have sight of this evidence. She has now had it within the papers. However, I consider this rather misses the point

that whereas this might have robbed her of the detailed analysis of Dr Parsons, she remained very aware of the history of a lived experience with [the Father] and the concerns arising out of the same. It is noteworthy that at final hearing she continued to evidence only limited understanding of the concerns despite having received the report and having had the opportunity to consider the same with her representatives. When questioned as to supplying detail as to events of which she had been a witness she was unable to assist the court to any great degree. It is difficult to see how the reading of a report on her son would have been so materially impactful given her inability to reflect on her own experiences with him.

80. The above points comprehensively summarise my views on the main issues arising out of the evidence.

Welfare Analysis

81. [the Child] is far too young to understand the issues being considered and has no ability to express a meaningful view on the same. The best that can be done to is to draw some reasonable inferences as to what he might want. But these are of limited assistance in my assessment. I might properly infer he would want the opportunity to be cared for by a parent or live within his wider family having the chance to maintain a relationship with these key individuals. I might also reasonably infer he would want a settled and stable home life which was safe from instability and breakdown. But as I say these are no more than inferences.

82. [the Child]'s needs comprise a range of features. In my assessment his key need is for a sense of permanence in a home and family in which he can receive consistent and predictable care. On my assessment of the evidence all of the key parties agree this was the key factor although they disagreed as to the route map to this outcome. I note [the MGM]'s evidence as to what would happen if [the Child] was placed with [the Mother] and matters deteriorated. She told me she would tell the applicant and [the Child] could be placed into foster care. In my assessment this would be a disaster for [the Child] having spent so long within these proceedings.

83. I consider, and agree with the evidence, the next planned move for [the Child] should be a permanent one or at least one with a high level of confidence as to its sustainability. There is good evidence, which I accept, of [the Child] exhibiting some troubling behaviours in foster care which may relate to his developing attachments to the foster carer. It is important he can find a permanent home sooner rather than later.

84. I also accept his needs include a carer who can meet the needs of an active child who requires attuned care. The suggestion of a requirement for therapeutic parenting is not well evidenced at this time although there is evidence [the Child] demands a

high level of active care. I bear in mind the unchallenged evidence of his sleeping issues and his dysregulated behaviour. I consider this means his carer will need a high level of focus and [the Child] will need to be that carers priority. An emotionally distracted carer will not be sufficient.

85. [the Child] shares the same physical needs as all children of his age. This is for a safe home environment, food and a roof over his head together with basic care at a good enough level for him. He does not demand perfection.

86. A decision to sever [the Child]'s family life through a plan of adoption will have profound lifelong implications for him. It runs the very high likelihood of severing his relationship with his mother, father and wider family. He is currently benefitting from these relationships via contact and the ending of the same will be detrimental to him. However, this impact is not purely in the here and now. The Court also has to reflect on the longer-term implications for [the Child] as he comes to understand and digest the reality of his adopted life. This will likely bring some level of emotional baggage including some contemplation over why he was adopted and what this might suggest (wrongly of course) as to his parents wish to care for him. He is also likely to speculate as to what biological family life would have meant for him and what he has given up. Current social media life means discovering one's family connections is much easier than it once was. There is the risk of investigation and unmanaged disclosure of information. The central concern is that [the Child] will embed a sense of loss as to what might have been. This has the potential to undermine any placement and disrupt his future life. I recognise this will be a challenge for any adoptive carer. I am entitled to assume such carers will enter this situation with their eyes open and given this may be better placed to address these issues in a considered fashion than rather than in a wholly responsive manner. This at least increases the prospects of the issues not becoming overly destabilising.

87. [the Child]'s characteristics have been adequately detailed elsewhere in this judgment. Key features include his young age and the need for him to establish lifelong attachments. His wider characteristics include his family links and I bear in mind his relationship with [the older sibling] which will likely remain severed absent an adoptive outcome. For the avoidance of doubt this is not a justification for making a placement order.

88. Turning to risk of harm. There are the threshold findings. The risks out of this relate to the detailed matters set out above. The parents' dysfunctional relationship; their drug use; their challenging upbringings and resultant disrupted mental health. In this analysis I have highlighted that certain aspects of the above are less prevalent on the current information whereas others remain to be resolved. But on the evidence before me it is clear that risks remain. It is not clear to me this is actively in dispute.

The risks remain whilst [the Mother] progresses her therapy. Risks arise out of unmanaged time with her father whilst his anger management issues are not resolved. Risks remain should [the Mother] be caring for [the Child] and her mental health deteriorates or she relapses as to cannabis use. This will leave her unfocused on [the Child] and at risk of falling into a cycle of poor mental health and problematic coping strategies as identified by Dr Parsons. A separate risk relates to the possibility of [the Child] returning to the care of his family only for that to then fracture and for him to have to return into care. As I have noted above this would be very damaging for [the Child] and wholly contradictory to his welfare. Such a process of return to care may remove any opportunity [the Child] has for establishing permanence within his childhood. In my judgment a secure placement is imperative.

89. I am obliged to have regard to the relationship [the Child] has with particular individuals (here family members), the prospect of the same continuing and the value to [the Child] of the same, and to the wishes of these individuals and their ability to provide an environment for [the Child] in which he can develop and have his needs met. Clearly, [the Child] has a range of family members ([the Mother], [the Father], [the PGM] and [the MGM]) who have appeared before me and strongly resist the notion of him being adopted. These relationships, particularly [the Mother] and [the Father]'s, have value for [the Child] and absent placement have real prospects of continuing. This is not a case in which one has reasonable doubt as to the commitment of family members to the child in question. My sense of the family is that each and all would continue to commit to [the Child] through contact. However, there is a distinction to be drawn between all family members and those that can provide a home for [the Child] in which he can develop. On the arguments before me this collapses to the case put forward by [the Mother] and [the PGM]. This aspect of the case is at the heart of this analysis and I will return to it below in reaching my conclusions.

Holistic Analysis

90. [the Mother] was critical as to the quality/absence of an appropriate *Re BS* analysis within the final evidence. I accept the force of this criticism. Ultimately it for me to assess this feature of the case and there is a danger that in the absence of the same being provided to me, that I may be unable to carry out the exercise with consequent impact on the proceedings. However, this is not inevitable and it may be the information provided permits me to properly analyse the competing options and carry out my own holistic analysis.

91. In making these points I would repeat an observation I made at the hearing. I noted notwithstanding the absence of an appropriate analysis no point was raised at the PTR. I referred to the overriding objective and observed that there was no room for

the point not to be taken leading to an ambush at the final hearing. I noted the shared obligation within family proceedings to assist the court. I fully acknowledge that counsel at final hearing was not counsel at PTR but this reinforces the importance of continuity between PTR and final hearing. Here I consider I can carry out my own analysis. Many of these points can be extracted from the evidence placed before me whether in a single document or not.

92. The realistic options placed before me for consideration are final plans of placement with [the Mother], [the PGM] or placement. I do not consider it is realistic on the facts of this case to plan for long term foster care for [the Child]. It would in my judgment be wrong for him and contrary to his welfare to leave him in a non-permanent home with local authority continuing intrusion for the long term. I appreciate I have already made observations as to the potential for [the Child] to be placed with [the Mother] immediately. However, this option is left for me to consider and it requires a holistic analysis.

[the Mother]

93. The positives of such a placement would centrally relate to the maintenance of family life and the ability for [the Child] to continue his positive relationship with his mother and beyond this his wider family. It would meet his identity needs and avoid what I have referred to above as the emotional baggage likely to follow from family severance. It would plainly benefit from being the least interventionist option. I fully appreciate [the Mother] is open to any form of support and so I also note her willingness to accept local authority continuing involvement. Having heard [the Mother] give evidence and having heard from those who have engaged with her I consider it likely she would be open to social work intervention. She does not take a confrontational approach and appears to me to be willing to work with professionals – see her relationship with the therapist. I have already commented, but it deserves repeating, that this option would permit [the Child] a relationship with [the Father], [the PGM] and beyond.

94. The problem with this option is that [the Mother] is not well placed at the current time to resume care of [the Child]. She is working hard and making progress but I accept it is early days still. I have accepted the underlying evidence of Dr Parsons and reflect on how matters transpired at Serenity House. I have concluded there is a challenging time ahead and this is not an appropriate time to additionally place [the Child]'s care on [the Mother]'s shoulders. The risk arising out of the same is that [the Mother]'s mental health will deteriorate and she will become emotionally unavailable for [the Child] on a consistent basis. The likely upshot as [the MGM] effectively observed is that [the Child] will end up back in care. These are not fanciful risks but reflect real potentials.

[the PGM]

95. There are of course many benefits analogous with the option offered by [the Mother]. Family life would be preserved and the negatives of a placement order avoided. I repeat the points made above amended to make clear that it would be [the Mother] benefitting from the option of contact and [the PGM] as carer. An additional benefit is that [the PGM] does not have the same challenges faced by [the Mother]. Her mental health is settled and whilst she smokes, she does not have an illicit drug dependency. Her history involved abuse and she has continued to suffer some abuse at the hands of [the Father] but this is different in substance to the risk faced by [the Mother].

96. The problems with this option links to her ability to preserve a safe and appropriate home in which [the Child] can thrive. There is the risk of her being unable to impose appropriate boundaries around the time spent between [the Child] and [the Father]. Her evidence as to not sharing the concerns of the applicant and her assessment of responsibility for problems in the parental relationship suggest she has limited understanding and reflection on these issues and that she might be unable to maintain boundaries. The risk includes her split loyalties between her responsibility to her grandchild and her love for her children. The applicant references her age ([the PGM] is 62) and what this may say about her ability to meet [the Child]'s needs throughout his childhood. The applicant further notes the absence of a real support plan should she suffer ill health or some other obstacle to caring for [the Child]. On the evidence there is no fall back at this time. The risk is that [the Child] would have to fall back into foster care in such a case.

Adoption

97. The key positives of adoption relate to the fact it would likely remove the risks noted above from [the Child]'s life. I can infer such carers would not share the concerns which arise in relation to the parents. The placement would have a real prospect of providing permanence for [the Child] in a home in which he was the centre of family life and likely to receive stable and predictable care.

98. The problem with this option is the impact it would have on [the Child]'s current family life. It would sever these relationships and likely end direct relationships for the foreseeable future (and potentially indefinitely). It would raise the issue of the emotional baggage referenced elsewhere and this signals the fact that adoption is by no means a guaranteed solution. Adoptive placements do fail admittedly this is more often the case where the child is older and retains more of a memory of previous family life.

My conclusions

99. I have explained the issues I have with placing [the Child] with his mother at this time in her therapeutic journey. In my assessment this would be far too risky and would likely impact on the likely success of this work and lead to [the Child] being returned to care. I do not wish to undermine the work being done but the evidence does not allow me to predict a successful sustained outcome at this time. As a result, I consider the real option insofar as it concerns [the Mother] relates to her application for further assessment and adjournment of the proceedings to permit the same.

100. Sadly, I do not consider this is an appropriate route to take and I do not agree to adjourn the proceedings in this way. The timetable for such a process is well outside of [the Child]'s needs. I remind myself he has already been in proceedings for over 13 months and I judge [the Mother]'s option would not be in a position to be properly assessed within 2 years of the case commencing. This is outside of [the Child]'s timescales as found above. It is further complicated by the real lack of any certainty as to how things will progress. There are some grounds for optimism but the position is highly uncertain. Any consideration of delay of this nature would have to have a high level of justification for it to be accepted. I do not find that to be the case on the assessment above. The next 6 months will be increasingly challenging and it remains to be seen how the placement with her mother and her abstinence from drugs hold up in the face of such challenges. The court regularly receives expert guidance as to the need for sustained abstinent in cases of long-term dependency. A period of around 1-month is at the earliest stages of progress.

101. I have thought long and hard about the option offered by [the PGM]. I have found her (as with [the Father] and [the Mother]) to be genuine in her love for [the Child] and in her wish to provide a solution that will preserve his family life. I do not doubt these emotions. However, the evidence does not give me the confidence I have to place [the Child] into her care as sought and I do not agree there is a need for further assessment at this time. Having heard the evidence of all parties I consider I have a clear understanding of both the positives and negatives of this placement.

102. I accept [the PGM]'s age is a challenging aspect of her case but there are other factors which take precedent in my assessment. It is clear to me that she is very much conflicted as to her responsibility to her children and her duties to [the Child]. History is a good predictor of future action and [the PGM] has shown an inability (or over willingness) to allow her home to act as a sanctuary for all her children notwithstanding the impact this has had on the state of the home and on the assessment carried out. I consider this betrays a deeper difficulty in accepting that her children have to independently manage their own lives. For her to have three adult children living in the property and two either sleeping on the sofa or floor at this time in her life aptly demonstrates how she approaches such issues. I heard as to the future plans of both her daughter and [the Father] but I was little convinced that

either had significance concrete basis. The reality is of a deeply difficult housing market in London and there is a very real likelihood that neither will successfully find a way into independent living given their failure to do so at this point in their lives. I very much doubt [the PGM] would in fact turn either away were they demanding her support. Were this concern to materialise (as I believe it would) then [the Child] would be subject to care in a crowded property which was unsuitable to meet his needs. It would also take place in the context of [the PGM] having other responsibilities and pressures on her time and commitment. [the Child] cannot afford for his primary carer to be distracted by such issues and responsibilities. I consider there would be significant distractions for [the PGM] were [the Child] to be placed with her.

103. My concerns are exacerbated by my assessment of her insight and understanding as to the issues surrounding [the Father]. I was left with little confidence that she genuinely shared the worries of the applicant. Indeed, she made this clear. Given this attitude I judge there is an enhanced likelihood that she will make a home available for [the Father] should he need it. For reasons which [the Father] himself appeared to accept this would place [the Child] at risk. It was concerning that when questioned [the PGM] could not detail any of the events involving [the Father] that might concern the Court. She appeared somewhat passive in her approach and was unable to fairly detail an event in which it appears [the Father] assaulted his sister leading to him serving a custodial sentence. This took place not so long ago and was a significant event. Yet [the PGM] talked in terms of a piece of fence in some way accidentally striking her daughter. I was left with the sense she minimises the issues around her children and [the Father] in particular. Her passivity can also be seen in the failure to make her home presentable for the assessment and/or to demand of the occupants support in ensuring this was the case. The evidence suggests that the extraneous demands of her life and her commitments elsewhere left her to allow matters to simply continue unchanged.

104. I agree there is evidence of some dependency of [the Father] on his mother. This includes housing but also support with benefit agencies and with respect to contact. [the Father] is likely to remain a vulnerable individual with ongoing challenges and I consider his mother will wish to remain continually involved in his life. I accept the evidence provided by the applicant. I do not consider [the PGM] is placed to provide the secure permanency expected by a special guardianship order. Despite her good intentions I simply do not have the confidence that such placement would be secure and stable.

105. In my assessment the combination of welfare and holistic analysis points firmly in favour of a care and placement order. I recognise this brings with it significant negatives but it is the only option which at this time on the evidence available can

provide [the Child] with the security and permanence his welfare demands. Sadly, the other options placed before me will simply not meet [the Child]'s welfare needs and there is no other option that will do other than the making of a placement order with a plan for adoption.

106. I appreciate the parents cannot actively consent to this outcome. I consider for the reasons given above that [the Child]'s welfare requires the making of these orders and I accordingly dispense with the parents' consent under s52 of the 2002 Act.

Contact issues

107. I approve the care planning of contact towards a matching decision. I have given case management direction which approve the modification of the care planning to promote consideration of open adoption as a possible way forward.

108. Legally this issue is substantially determined by prospective adopters. However, it is likely they will receive this judgment. I would wish to say the following:

i) The parents have shown a strong commitment to [the Child] and have demonstrated maturity and courtesy through the proceedings. There is a basis for concluding that they would not seek to undermine any placement. I am confident they would not seek to do so deliberately.

ii) Their inability to consent to placement should not be misunderstood to suggest a tendency to wish to obstruct the same.

iii) [the Child] has gained welfare benefits from contact with his parents.

iv) There are well understood potential benefits that can flow from open adoption. In particular this can help to address the issues as to emotional baggage raised above. Long gone are the days when children were raised not knowing they are adopted. [the Child] will need to come to understand this feature of his life. An ongoing level of direct relationship with his parents may help embed him into his adoptive placement.

v) In any event I would promote the idea of a meeting between the adopters and the parents. This will allow the adopters the opportunity to satisfy themselves as to any residual doubts.

vi) There are obvious benefits in establishing a level of contact between [the Child] and [the older sibling]. This will be a matter for two sets of adopters but it would bring very important welfare benefits.

109. I will now forward this judgment to counsel for the parties. It can be shared with their professional and lay clients (it is not embargoed). I would welcome any corrections or requests for clarification by 4pm on 23 August 2023. On receipt of the same I will seek to address any points raised and will then forward a proposed final judgment in both this form and a redacted form (given the likelihood the judgment being published in the conventional manner) in advance of handing down.

110. I will hand down the judgment on 30 August 2023 at 9.30am. I am content for this to proceed on a remote basis if this is the wish of the parties. Otherwise, it will be attended. The parties should notify my clerk as to the same by 12 noon on 29 August 2023. I would like a draft final order in advance of the handing down.

His Honour Judge Willans